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ABSTRACT

This study was conducted to gain information that would be useful in designing effective suicide prevention programs for adolescents, thus expanding secondary prevention of suicide by teaching adolescents to be early detectors and gatekeepers to professional help for suicidal adolescent peers. College freshmen (N=1,131) were surveyed to discover if they could recognize suicidal behavior in their peers and if they knew a helpful response to make to suicidal peers. Level of perceived self-efficacy and emotional comfort in an affect-laden situation were also measured. The results revealed that subjects were able to recognize suicidal behavior in their peers, but were unsure of a helpful response to make to them. A model of self-efficacy, emotional comfort, knowledge of a helpful response, and knowledge of suicidal behavior predicted a student's intention to ask a suicidal peer directly, "Are you thinking about killing yourself?" Results of the study suggest that suicide prevention programs for adolescents should include educational experiences such as modeling, skill-training, and role-playing to increase self-efficacy and emotional comfort in affect-laden situations. (NB)

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Student Recognition of and Response to Suicidal Peers

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Running Head: STUDENT RESPONSE TO SUICIDAL PEERS

Student Recognition and Response to Suicidal Peers

A survey of 1131 University freshmen revealed that they were able to recognize suicidal behavior in their peers, but were unsure of a helpful response to make to them. A model of self-efficacy, emotional comfort, knowledge of a helpful response and knowledge of suicidal behavior predicted a student's intention to ask a suicidal peer directly, "Are you thinking about killing yourself?" (R^2=.38) Results of the study suggest that suicide prevention programs for adolescents should include educational experiences such as modeling, skill-training, and role-playing to increase self-efficacy and emotional comfort in affect-laden situations.

Student Recognition of and Response to Suicidal Peers

Current statistics draw attention to the problem of adolescent suicide, the second leading cause of death for persons between the ages of 15 and 24 in the United States today (Rosenberg, Smith, Davidson & Conn, 1987). Between 1950 and 1980 suicide rates for young males between the ages of 15 and 19 increased 305%; for white males aged 20 to 24, 196% (Rosenberg et al., 1987). While suicide rates for older, white persons have declined over the past 10 years, rates for the nation's youth 15 to 24 years of age increased from 8.8 deaths per 100,000 in 1970 to 12.3 per 100,000 in 1980 (CDC, 1986). These statistics reveal a fundamental change in the pattern of suicide in the United States. Experts agree that an epidemic of adolescent suicide exists (Peck, Farberow & Litman, 1985).

Expanding Secondary Prevention of Suicide

In the past, few experts in suicide prevention have included adolescents in the early detection of and initial intervention with potential suicides. Early detection and intervention, that is, secondary prevention of suicide, has been left in the hands of the helping professionals. Most of the research in suicidology is directed toward identifying risk factors and situational determinants that will detect those people who will attempt or commit suicide. These people when identified are then referred to the care of psychiatrists, social workers, psychologist, counselors, and other helping professionals for treatment. It is indeed urgent that professionals identify and treat the young people who are most at risk of suicide. It is also urgent that research efforts expand to discover information that will help speed the process of detection and treatment. One way that secondary prevention might be expanded

is to involve the normal population of adolescents in the identification of suicidal adolescents. The strong peer orientation of this stage of development makes it plausible that adolescents would be those most likely to be in a position to recognize suicidal behavior on the part of a peer. If adolescents were able to recognize that a peer were suicidal, they might be taught to respond to that peer in a way that would assist the young person into professional treatment. In order to move in this direction, this study was conducted to determine how much adolescents know about suicide, how much they know about what is helpful to a suicidal peer, and how they think they would respond if they thought a friend were suicidal.

Review of the Literature

During the years of adolescence, a young person begins the search for a personal identity, which culminates, if successful, in early adulthood in an autonomous, independent personality (Erikson, 1950; Craig, 1976; Newman & Newman, 1981). Part of the process of attempting to achieve identity involves turning away from parents and other authorities and turning toward the peer group. The persons most likely to know if an adolescent is contemplating suicide are not teachers, parents, and other adults; they are the adolescents in the peer group. Charlotte Ross conducted a survey in San Mateo County, California, high schools and asked the question, "If you were considering suicide, to whom would you turn for help?" Of the possible responses (e.g. parent, other relative, teacher, school counselor, nurse, friend), 'friend' was consistently the overwhelming choice" (Ross, 1980, p. 243).

Signs and Symptoms of Suicide

The literature of Suicidology agrees that adolescents who commit or attempt suicide demonstrate certain behavioral signs and symptoms that they

are contemplating suicide (Ross, 1985, 1980; Holinger & Offer, 1981). A list of such symptomatic behaviors would include the following:

(1) giving away prized possessions, such as a camera, or record collection (Freese, 1985)

(2) abusing drugs and/or alcohol (Farberow, 1985)

(3) remaining depressed over a period of time (Bernard & Bernard, 1982)

(4) acting out behaviors, such as engaging in violent arguments (Hawton, 1986)

(5) suddenly changing eating or sleeping patterns (Robbins & Alessi, 1985)

(6) indicating no hope for the future (Cosand, Bourque, & Krauset, 1982)

(7) taking unusual risks (Hals, 1985)

(8) making indirect comments about not being around in the future or about people being better off without them (Holden, 1986)

(9) talking about death much of the time (Grob, Kline, & Eisen, 1983)

(10) directly threatening suicide (McIntosh, Hubbard & Santos, 1985)

(11) having a plan for suicide (Domino & Swain, 1985)

(12) obtaining the means for carrying out a suicide plan (Davis, 1985)

The Question of Recognition

Logically the question must be asked, "Do adolescents recognize such behaviors as signs and symptoms that another adolescent is contemplating suicide?" Here the literature differs. Seigel and Griffin, (1983) report that a number of studies indicate that young people can reliably identify group members who are experiencing problems with greater accuracy than parents or teachers. On the other hand, Domino, Gibson, Poling & Westlake (1980) found a great deal of ignorance and misinformation among the students they studies. For example, 36% believed the myth that those who threaten to kill

themselves rarely do (Domino et al, 1980 p. 130). McIntosh, Hubbard and Santos (1985), who studied knowledge about suicide among college students, reported that "knowledge about suicide among the students was not found to be at high levels" (McIntosh et al, 1985, p. 274).

Affective Obstacles to Helpful Responses to Suicidal Peers

Suicide, like death and sex, is surrounded by fear, ambivalence, and misinformation. When asked their reactions to peer's suicidal threats, college students described such emotions as "shock", "anger", "confused", "upset", "repulsion", and "frightened" (Mishara, 1982, p.148). Mishara reports that suicidal behaviors "often bring about feelings that people try to avoid, such as anger, shock and panic. These feelings are more conducive to engendering closed reactions than open discussion" (Mishara,1982,p.149).

If adolescents do recognize that peers are suicidal, would they know what to do that would be helpful? Mishara's (1979) study of college students found that many peers wanted to help but did not know what constituted a helpful response. Ross describes adolescents as "woefully unprepared for the rescuer role." She goes on to say that they are "nonetheless likely to fall heir to it" (1985,p.151).

The Initial, Helpful Response to a Suicidal Peer

Is there an initial, helpful response that adolescents could learn to make toward peers they believe to be suicidal? Edwin Schneidman, founding president of the American Association of Suicidology and seminal researcher in suicidology, states that responses characterized by open discussion would be helpful to one contemplating suicide. Beck and his fellow therapists learned that when they discussed the topic of suicide with their suicidal patients, their clients expressed feelings of relief (Beck et al, 1979). The literature

suggests that one of the most appropriate and helpful gatekeeping responses that an adolescent could make to a peer whom he or she believed to be suicidal, would be to directly ask, "Are you thinking about killing yourself?" (Klagsbrun, 1976). The question is helpful because it may relieve the intense anxiety the potential suicide, and because it is a low risk question to ask someone who may not be thinking about killing himself/herself (a false positive).

Barriers to making a helpful response

If asking a suicidal adolescent, "are you thinking about killing yourself" is a gatekeeping, helpful response on the part of a peer, what barriers prevent its being asked? The first barrier is the lack of knowledge that such a direct and open response is helpful. A second barrier is the fear and emotional discomfort that surround suicide. A third barrier is the uncertainty and lack of confidence that make a college student wonder if he or she could successfully ask such a direct question. What attributes would college-age adolescents need to overcome these barriers?

Necessary attributes for making a helpful response

The first necessary attribute is the knowledge that such a direct question is both appropriate and helpful. The second necessary attribute would be an ability to overcome the fear and anxiety of directly and openly asking such a question of a suicidal peer. The third attribute would be a strong sense of self-efficacy that would allow the college student to ask such a question. The literature previously reviewed indicates that the necessary knowledge may not be present in the college population. The literature indicates as well that the affect surrounding suicide is very strong. What of self-efficacy?

Perceived self-efficacy

For this study self-efficacy was defined as the belief that one is able to perform a specified task (Watson & Tharpe, 1985). Self-efficacy theory was developed within the framework of Social Learning Theory by Albert Bandura (1977). The theory postulates that peoples's perceptions of their capabilities affect how they behave, their level of motivation, their thought patterns and their emotional reactions in taxing situations. "Given appropriate skill and adequate incentives, efficacy expectations are a major determinant of people's choice of activities, how much effort they will expend, and of how long they will sustain effort in dealing with stressful situations" (Bandura,1977,p.194)

Research Questions

The following research questions were generated from the review of the literature:

(1) Are college freshmen able to recognize the signs and symptoms of suicide in their peers?

(2) Do they know an appropriate and helpful response to make to a peer they suspect is suicidal?

(3) What qualities must an adolescent possess in order to make an appropriate and helpful response to a suicidal peer?

The purpose of this study was to gain information to facilitate design of effective suicide prevention programs for adolescents, thus expanding secondary prevention of suicide by teaching adolescents to be early detectors and gatekeepers to professional help for suicidal adolescent peers.

Methods

The design of the study was cross-sectional on a descriptive level. Using an instrument developed by the author, 1131 college freshmen at the University of South Carolina in English 101 classes were surveyed to discover if they could recognize suicidal behavior in their peers and if they know a helpful response to make to suicidal peer. The instrument further measured level of perceived self-efficacy, and emotional comfort in an affect-laden situation. A model, with intention to ask a peer suspected of being suicidal, "Are you thinking about killing yourself?" as the dependent variable, and knowledge of a suicidal behavior, knowledge of a helpful response, perceived self-efficacy, and ability to act in an affect-laden situation as the independent variables was constructed. The sample, although a convenience sample, was a good cross-section of the freshman class since all freshmen are required to take English 101. Those who either exempted English 101 by testing or who were placed in remedial English 100 by testing, were not included. Out of a possible 88 course sections, 76 chose to participate in the survey, for a return rate of 86%. One may notice that the number of responses differs slightly on various scales and analyses. This is because student errors in marking the scan sheets caused values to be counted as missing.

The Instrument

The instrument consisted of five parts.

1. A measure of intention:

   A Likert scale from one to five, which asked a student who suspected that a friend were thinking about killing himself or herself to rate his or her intention to make the helpful response of asking the friend directly if he or she were thinking about killing himself. Strength

of intention was measured on the basis of Ajzen and Fishbein's Theory of Reasoned Action (Ajzen & Fishbein, 1980). Ajzen and Fishbein have demonstrated that the best way to find out what someone intends to do is to ask them. The more situation-specific the question and answer, the more highly correlated intention to perform the behavior is with the actual doing of the behavior. Since suicide is epidemiologically a rare event, it would not be feasible to measure whether the students had actually carried out the helpful response. The specificity of this question allows a high expectation that the student would actually perform the behavior he or she indicates in a situation of dealing with a suicidal peer.

2. A measure of knowledge of suicidal behavior:

   A 22-item scale of suicidal and non-suicidal behaviors. (Cronbach's alpha=.80) The suicidal behaviors were validated by sending a list gathered from at least five citations in the literature to 24 nationally known experts in suicidology. Behaviors which were identified by 75% of the experts as "sufficent to justify asking a college-age adolescent 'are you thinking about killing yourself?' "were included in the instrument.

3. A measure of self-efficacy:

   A six-item scale measuring perceived self-efficacy in the specific situation of dealing with a suicidal peer. (Cronbach's alpha=.81)

4. A measure of emotional discomfort:

   A six-item scale measuring emotional discomfort in the specific situation of dealing with a suicidal peer. (Cronbach's alpha=.81)

5. A measure of knowledge of a helpful response:

   A Likert scale of 1 to 5 on 3 items measuring knowledge of a helpful response. Two of the three items were non-helpful responses and one item, that of asking directly if a peer were thinking about killing himself/herself was a helpful response.

Results

Knowledge of Suicidal Behavior

Although the literature dealing with suicide in college groups, for the most part, indicated that students do not recognize suicidal behavior, the college freshmen in this sample certainly recognized suicidal behavior in their peers. (See Table 1). Out of a possible 22 points for all correct answers, the students' modal, median, and mean score was 18. Analyzing suicidal behaviors apart from recognition of normal adolescent behaviors, with 12 as a perfect score, the mode was 11, the median 9, and the mean was 9. Table 1 shows the mean, standard deviation, median, mode, for both the 12-item test of knowledge of suicidal behavior and the 22-item test for recognition of both suicidal and non-suicidal behavior.

[Insert Table 1 about here]

Table 2 shows the percentages of behaviors recognized as suicidal by the students. Only one behavior, "changes in sleeping habits" went unrecognized by more than one-half of the students. Nearly one-half failed to recognize "comes to class high or stoned on drugs daily" as a suicidal behavior. The pervasiveness of drug use in our society may explain why drug use was not associated with suicide by nearly one-half of the sample. At least 75% of the students recognized the remaining ten suicidal behaviors in the test. The

behavior most recognized as suicidal (recognized by 92% of the students) was "comments `everyone would be better off it I weren't around'." Suicidal behaviors of "says `things are so bad, I'm going to kill myself'," begins talking about death much of the time," and "depressed and unhappy for several weeks" were recognized as suicidal by 80% of the respondents. Over 70% of the respondents recognized hopelessness, heavy drinking of alcohol, extreme risk-taking, giving away prized possessions, social isolation, and bringing a gun on campus and obtaining bullets for it as suicidal behavior. It may be indicative of the ready acceptance of firearms in our society that possessing a gun and bullets seemed less suicidal to more of the students than an indirect comment hinting at suicide.

[insert Table 2 about here]

Knowledge of a Helpful, Initial Response to Make to a Suicidal Peer

Students do not know a helpful, initial response to make to a suicidal peer. On all three items asking students to rate on a scale from 1 to 5 whether a described response was a helpful one, the largest percentage of the students' responses rested solidly on number 3. If one interprets the mid-point between "not at all helpful" and "extermely helpful" as "neither helpful or non-helpful" this response indicates that they simply were not sure what was helpful. Table 3 shows the percentages of responses to knowledge of a helpful response. Less than one-half (46.1%) of the students in the sample knew that asking a peer directly if he/she were thinking about killing himself/herself was a helpful response. One can also say, however, that more than one-third knew that asking the direct question was helpful. Only 21% thought that asking the direct question was an unhelpful response. It is encouraging that more than one-half of the students knew that the two items

describing the unhelpful responses of cheering up and distracting were not helpful ways to respond to a peer suspected of being suicidal. The responses of the students suggest that there is more uncertainity than misinformation in the sample.

[Insert Table 3 about here]

Strength of Students' Intention to Ask Directly, "Are You thinking About Killing Yourself?

An extremely encouraging result of this study is the number of students (18.4%) who responded that they had an "extremely strong" intention to ask a friend suspected of being suicidal directly if he or she were considering killing himself/herself. Table 3 shows the frequencies and percentages of students' strength of intention to ask directly "Are you thinking about killing yourself?" By rating themselves a "4" on a scale of 1 to 5 as to the strength of their intention to ask directly if a peer were thinking about killing himself or herself, an additional 24.5% indicated a strong intention. Twenty-four percent indicated that they were not quite sure how strong their intention was, but only 33% marked a "1" or "2" indicating that their intention to ask the direct question was weak. These results support the notion of using adolescents as gatekeepers to help suicidal peers.

[Insert Table 3 about here]

Qualities that Predict the Intention to Ask Directly, "Are You Thinking About Killing Yourself?

The study supports the hypothesis that the qualities of self-efficacy, emotional comfort, knowledge of suicidal behavior, and knowledge of a helpful response will predict a student's intention to ask a suicidal peer, "Are you

thinking about killing yourself?" In a multiple regression model regressing these four qualities on intention to ask a peer directly if he or she were thinking about suicide, 38% of the variance in the intention was explained (R^2=.38). In the area of human behavior this is a respectable amount.

The relationship between the four predictors of intention

What is the role of each of these qualities in predicting an adolescent's intention to ask a peer he or she believes to be suicidal behavior and knowledge of a helpful response. One cannot make a helpful response to a suicidal peer if (1) one has no reason to believe the peer is suicidal, or (2) if one does not know a helpful response to make. In a stepwise multiple regression, the two knowledge ingredients explain only 17% of the variance in intention. This suggests that knowledge of suicidal behavior and knowledge of a helpful response are necessary but not sufficient to predict a college student's intention to ask a suicidal peer, "Are you thinking about killing yourself?" The implication for suicide prevention is that knowledge alone may not lead to helpful action unless the conviction that one can take action based on the knowledge is present. One can recognize suicidal behavior and know a helpful response, but because of emotional arousal and/or lack of self-efficacy not take action.

A simple linear regression of the direct measure of self-efficacy on intention to ask explains 34% of the variance in intention. One third of the variance in intention is explained by this quality alone. If the direct measure of emotional discomfort is regressed in a simple linear regression on intention to ask, 21% of the variance in intention is explained by level of emotional discomfort alone. Thus, each quality contributes to explaining the variance in intention. However, when all four qualities are regressed

together in one model on intention to ask, it becomes obvious that self-efficacy is the most important predictor of intention. In a stepwise regression, self-efficacy enters the model first, explaining 34% of the variance. The other three qualities, knowledge of a helpful response, level of emotional discomfort, and knowledge of suicidal behavior, become subordinate to self-efficacy, explaining very little of the variance (4%) beyond that explainied by self-efficacy. Table 4 shows a comparison of the Variance in intention explained in a simple linear regression model and in the stepwise regression model.

This study suggests that the factor which plays the largest part in predicting the intention to ask a suicidal peer if he or she is contemplating suicide is perceived self-efficacy. The discovery of more practical definitions of self-efficacy as it relates to suicide is needed, as well as additional determinants of self-efficacy beyond those described in this study.

Implications

The results of this study imply that suicide prevention programs should include experiential learning, such as modeling, skill training, and role playing of responding to suicidal peers, since such methods increase perceived self-efficacy. The qualities of self-efficacy, emotional comfort, knowledge of suicidal behavior and knowledge of a helpful response explain 38% of the variance in the intention to ask a peer if he or she is thinking about killing himself or herself. The remaining 62% has yet to be identified. These results suggest that in order to fully prepare college students to respond appropriately and helpfully to a peer they believe to be suicidal, further descriptive studies are needed to identify additional predictors of this intention. Components of self-efficacy beyond those described in this study

need to be identified. The components described in this study need to be tested to see if increasing perceived self-efficacy can lead to increased intention to intervene helpfully with suicidal peers.

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Table 1. A Summary of Means, Standard Deviations, Medians, Modes and Confidence Intervals of the Test of Suicidal Behavior and the Combined Test of Suicidal and Non-Suicidal Behavior

Test	Mean	S.D.	Median	Mode
Suicidal Behaviors (11)	9.00	2.42	9	11
95% Confidence Interval	(8.87, 9.15)			
Combined Behaviors (22)	18.15	2.49	18	18
95% Confidence Interval	(18.01, 18.30)			

Table 2. Percentages of Students' Recognition of Suicidal Behaviors

Suicidal Behaviors	
Behavior	Percentage Correctly Recognizing
Comments "everyone would be better off if I weren't around." N(=1128)	91.7%
Begins talking about death much of the time (N=1127)	88.4%
Says "things are so bad, I'm going to kill myself." (N=1127)	87.2%
Depressed and unhappy for several weeks (N=1127)	81.1%
Begins avoiding friends and spends all of his/her time alone (N=1128)	79.5%
Brings gun to dorm and buys bullets for it (N=1128)	79.0%
Begins doing wild stunts like walking on ledge of dorm roof (N=1128)	75.0%
Says no hope of bad situation getting better (N=1126)	74.8%
Drinks until he/she passes out every night (N=1124)	74.6%
Gives prized record collection to best friend (N=1126)	72.9%
Comes to class high or stoned on drugs daily (N=1127)	50.4%
Experiences changes in sleeping habits (N=1127)	43.0%

Table 3. Percentages of Responses to Knowledge of a Helpful Response Items

"not at all helpful"				"extremely helpful"
1	2	3	4	5
"It would **be helpful** to a friend who was thinking about killing himself/herself if I tried to cheer him/her up by telling him/her that things are never as bad as they seem." (N=1099)				
6.6%	15.3%	32.1%	25.4%	20.5%
"It would **be helpful** to a friend who was thinking about killing himself/herself if I asked directly. `Are you thinking about killing yourself?'" (N=1100)				
6.6%	14.1%	33.1%	27.5%	18.6%
"It would **be helpful** to a friend who was thinking about killing himself/herself if I distracted him/her from thinking about suicide by talking about other things." (N=1099)				
17.4%	19.2%	28.4%	20.7%	14.4%

Table 4. A Comparison of the Variance in Intention Explained in the Simple Linear Regression Model and in the Stepwise Regression Model.

Variable	N	Simple Linear Regression R^2	N	Stepwise Multiple Regression Partial R^2	Model R^2
Direct Measure of Self-Efficacy	1119	.34*	1089	.34*	.34*
Knowledge of a Helpful Response	1096	.16*		.02*	.36*
Direct Measure of Emotional Discomfort	1106	.21*		.012**	.37*
Knowledge of Suicidal Behavior	1117	.01**		.004#	.38*

*$p < .0001$ **$p < .001$ #$p < .05$